



ATTACHMENT C

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ACCEPTED AND AGREED:

School/District: _____

District Superintendent or Designated Representative

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Address: _____

City, State, ZIP: _____

E-Mail: _____

Telephone: _____

Fax: _____

District contact if other than above *This contact will receive the software and be listed on the website. It is suggested that this contact be the District IT Coordinator as this person will be responsible for copying the software to distribute to others in the district as requested and reporting distribution to the State office.*

School/District: _____

District Contact: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Address: _____

City, State, ZIP: _____

E-Mail: _____

Telephone: _____

Fax: _____

Software Version Requested (check all that apply): ☐ ArcView 9.1 ☐ ArcView 3.3 ☐ ArcView 3.3 for Mac
(To view system requirements visit www.ptes.idaho.gov/techedu/gis.htm)

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Exhibit 1, Scope of Use, Version E30